

MEETING TITLE:	Vaccine Advisory Committee (VAC) Quarterly Meeting
DATE:	October 12, 2006
Attendees:	
Janna Bardi	DOH, Manager, Immunization Program CHILD Profile
Vicki Bouvier	DOH, Immunization Program CHILD Profile
Maureen Brown	Washington Academy of Family Practice
Carolyn Coyne	Washington State Health & Recovery Services Administration
Vikki Davis	Washington State Association of Local Public Health Officers
Chas DeBolt	DOH, Epidemiology
Pat deHart	DOH, Assessment
Nancy Fisher	Health Care Authority
Patty Hayes	Assistant Secretary, Community and Family Health, DOH
Jan Hicks-Thomson	DOH, Immunization Program CHILD Profile
Carrie Horwitch	Internal Medicine
Betsy Hubbard	Public Health Seattle & King County
Larry Jecha	Washington State Association of Local Public Health Officers (WSALPHO)
Neil Kaneshiro	Washington Chapter, American Academy of Pediatrics
Ed Marcuse	Consultant
Zach Miller	Consultant
Timothy Moody	WSALPHO
Gannady Raskin	Naturopathic Medicine
Shirley Reitz	Group Health Cooperative, attending for Lisa Jackson
Chris Spitters	WSALPHO
Ed Steinweg	Consultant
Lin Watson	DOH, Immunization Program CHILD Profile
Kyle Yasuda	Washington Chapter, American Academy of Pediatrics
Facilitator:	
Maxine Hayes	State Health Officer
Recorder:	
Claire Norby	DOH, Immunization Program CHILD Profile

Discussion and Recommendations	Decisions and Follow-Up
<p>Introductions, Welcome, and Changes to Agenda Maxine Hayes Patty Hayes</p> <p>Introductions and Welcome: Maxine Hayes, State Health Officer, welcomed meeting attendees, visitors, and new VAC member, Kyle Yasuda of the Washington Chapter of the American Academy of Pediatrics.</p> <p>Visitors included: Bobbi Jo Drum, GlaxoSmithKline Larry Barge, GlaxoSmithKline Mindy Greane, GlaxoSmithKline Paul Nielsen, MedImmune Forrie McIntosh, MedImmune Juli Coburn, Wyeth Keith Cuniff, Wyeth Rachel Knowles, Sanofi Pasteur Steve Frawley, Sanofi Pasteur Trent Taylor, Merck Kristen Monk, Merck Marci Cleaver, Merck Tara Wolfe, State Board of Health Nicole Pender, DOH Katherine Gudgel, DOH Chris Knutson, DOH Pama Joyner, DOH Cynthia Shurtleff, Immunization Action Coalition of Washington</p> <p>Changes to the Agenda: There were no changes to the agenda.</p> <p>Handouts:</p> <ul style="list-style-type: none"> • VAC Purpose Statement, 1/05 • VAC Member Roster, 8/06 	

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<p>Conflict of Interest Declaration Patty Hayes Patty Hayes read the Conflict of Interest Policy.</p> <p>Handouts:</p> <ul style="list-style-type: none"> Washington State VAC Conflict of Interest Policy, 1/12/06 	<p>No conflicts were declared.</p>
<p>Action Items from the July 13, 2006 Meeting Patty Hayes</p> <p>Meeting Minutes Approval: The Meeting Minutes from the July 13, 2006 VAC meeting were approved.</p> <p>Combination Vaccine Purchasing Status: The date for third party distribution has been moved from October to November. As previously indicated, combination vaccine will be implemented the first full month of third party distribution. The delay does not affect the amount of money that must be spent according to the budget proviso for combination vaccines. IPCP will be sponsoring a conference call between local health, GSK, and Merck so that the pharmaceutical companies can present information on how best to use their combination vaccine products. DOH will conduct a web-based survey for providers to get additional input on combination vaccine purchasing.</p> <p>Reminder of VAC Recommendations for Influenza and Rotavirus: Final VAC recommendations for influenza and rotavirus were included in the packets.</p> <p>Related Discussion and Topics: There were resolutions passed at a recent Washington Medical Association meeting attended by Maxine Hayes:</p> <ul style="list-style-type: none"> HPV vaccine for 11-12 year old girls was adopted The use of Tdap was urged when there is opportunity Mandatory flu vaccination for healthcare workers, or a declination with a reason <p>Maxine Hayes and Jeff Thompson (DSHS/HRSA), will be leading a session at the Joint Conference on Health regarding vaccine availability.</p> <p>Handouts:</p> <ul style="list-style-type: none"> VAC Influenza recommendation, 7/13/06 VAC Rotavirus recommendation, 7/13/06 	<p><i>July 13, 2006 meeting minutes approved.</i></p>

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<p>Policy Update Patty Hayes</p> <p>Budget Request: A supplemental budget request was submitted by DOH to the Office of Financial Management to cover two new vaccines (rotavirus vaccine and human papillomavirus vaccine), the 2nd dose of varicella, and additional costs for vaccines currently provided through the universal system. If the request is approved, the legislature could approve the supplemental budget request in April '07, and distribution of the vaccines could start in May '07.</p>	
<p>Rotavirus Provider Letter Janna Bardi</p> <p>Follow-up from July VAC Meeting: With coordination between DOH and DSHS/HRSA, a letter, jointly signed by Jeff Thompson and Maxine Hayes, was sent to Medicaid providers providing guidelines on the recommended use and availability of rotavirus and human papillomavirus (HPV) vaccines. Included with the letter was a case study written by Neil Kaneshiro about a family's experience with rotavirus.</p> <p>Comments from Committee Members:</p> <ul style="list-style-type: none"> • Rotavirus is very time sensitive. • According to DSHS/HRSA, both rotavirus and HPV vaccine will be provided through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children. • Reimbursement is linked to an EPSDT visit. What if a child comes in for a two month visit and the provider does not have rotavirus vaccine? Could the child come back when the vaccine is available? • Dr. Coyne stated that an accommodation would be made and information on this process would be provided at the next meeting. • Adolescents are allowed an EPSDT visit every two years which doesn't align with the HPV vaccine schedule. • A lot of practices don't know the codes for EPSDT. These codes need to be communicated to providers. • Will the health departments who give vaccinations, but are not the medical home, be reimbursed? <p>These questions only pertain to gap coverage.</p> <p>Related Discussion and Topics: CDC has capped the amount of meningococcal vaccine DOH can receive. CDC</p>	<p><i>These questions will be covered in further communication with DSHS/HRSA.</i></p>

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<p>wants DOH to target high risk children only. Because of the cap, our supply is not sufficient to meet the demand. CDC will renegotiate the contract on 3/31/07. With the school rush over, the ACIP may reinstitute vaccine for 11-12 year-olds.</p> <p>Comments from Committee Members:</p> <ul style="list-style-type: none"> • Discussion about the definition of a high-risk adolescent. • Educating emergency room doctors with regard to TD versus Tdap. • Possibility of Medicaid paying for Tdap for parents. • Potential use of CHILD Profile to educate parents regarding adult Tdap vaccination. • What does ACIP consider when making recommendations, e.g., supply, cost, etc. <p>Handouts:</p> <ul style="list-style-type: none"> • DSHS/DOH letter • Purchasing guidance • Case Study 	
<p>Varicella Recommendation Maxine Hayes</p>	
<p>Discussion:</p> <p>In June 2005 and June 2006, the ACIP recommended policy changes for use of live, attenuated varicella-containing vaccines for prevention of varicella. Changes include routine two dose varicella vaccination of children and second dose catch-up varicella vaccination for children, adolescents and adults who previously had received only one dose. The ACIP also expanded recommendations for varicella-containing vaccines to promote wider use of the vaccine for adolescents, adults, and HIV-infected children and approved new criteria for evidence of immunity to varicella. The recommendation is expected to be finalized in January 2007.</p> <p>In anticipation of a VAC recommendation for Washington implementation of this new ACIP recommendation, the cost of a second dose of varicella vaccine was calculated and was included in the Department of Health supplemental budget request.</p> <p>Comments from Committee Members:</p> <ul style="list-style-type: none"> • A parent's statement of history of disease is accepted for school entry. • The wording would be either history of disease, or lab confirmation. • What do we do with children who aren't sure they have immunity? Maybe a 	

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<p>test? Who would cover the cost? We need clarification on who will pay for the test. There have been some tests that have been denied payment, and some that have been paid.</p> <ul style="list-style-type: none"> • This will have implications for older kids and college-age kids. We might want to anticipate some of these issues. • If a person was born in the U.S. before 1957, it is assumed they are immune. • One has to realize that this is an attempt to immunize a large part of the population, not all. • Making varicella reportable before implementation would require too much work. It would be better to make the recommendation first and get the levels down and then make it reportable. • This is one of those vaccines that impact our rates. • People who get at least one dose of varicella, have a lesser case if they get varicella. <p>VAC Recommendation: Maxine Hayes asked for a recommendation from the VAC.</p> <p>Handouts:</p> <ul style="list-style-type: none"> • ACIP Provisional Recommendation • Additional Information 	<p><i>It was moved by Dr. Marcuse, seconded by Dr. Jecha, and carried that the provisional ACIP recommendation be adopted for Washington State.</i></p>
<p>Human Papillomavirus Vaccine Maxine Hayes</p> <p>Discussion: Janna Bardi reported that DOH has been preparing for human papillomavirus (HPV) vaccine for the last year. A broad group of staff representing many programs convened in August 2005 to initiate conversations about the new vaccine. A logic model was developed and a course was set that would lead to the implementation of the vaccine. A GMAP was also developed and shared with the Department of Health senior management. As a way of sharing the work over the last year, and also to describe the WA perspective on this vaccine, Janna invited some of the HPV Steering Group members to join in today's discussion:</p> <p>Sofia Argon, DOH legislative lead, reported that legislators have been calling and asking how soon the HPV vaccine can get to the public and what the process is. There have also been discussions about the possibility of making this vaccine a school requirement, or if this is necessary. The legislators are</p>	

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<p>asking for information so they can make informed decisions.</p> <p>Tara Wolff, Health Policy Advisor, State Board of Health (SBOH), said that the Immunization Advisory Committee adopted nine criteria for reviewing antigens for potential inclusion in the WAC. Generally, the SBOH recommend waiting two years before examining a new antigen. Tara invited VAC members to visit the SBOH website at www.sboh.wa.gov to view the report.</p> <p>Pama Joyner, DOH Breast and Cervical Health Program Manager, reported that women who are at or below 250% of the Federal Poverty Level, ages 40 – 64 years, and are uninsured or underinsured are eligible for Washington’s Breast and Cervical Health Program. Nearly 60,000 women are eligible for services each year. Over 12,000 women are enrolled and screened annually. It is hoped that with the new HPV vaccine the rates will go down in 14 years. She said that there has been a great marketing push for HPV vaccine and that her program will be working with providers to determine eligibility for the vaccine.</p> <p>Chris Knutson, DOH Family Planning, said she looks to the HPV vaccine as a very promising way to reduce the suffering of many clients.</p> <p>Katherine Gudgel, DOH Infectious Disease and Reproductive Health said that one of the challenges with the HPV vaccine is that it requires three doses.</p> <p>Maxine Hayes said that in her talks with constituents, she has not met any resistance to HPV vaccine. She said that this is a wonderful opportunity to intervene in disparate groups.</p> <p>Lin Watson mentioned that EPSDT eligibility goes through age 21, and VFC eligibility goes through age 18.</p> <p>Jan Hicks-Thomson said that the ACIP provisional recommendation is anticipated to be published in the November 2006 MMWR.</p> <p>Comments from Committee Members:</p> <ul style="list-style-type: none"> • Medicaid plans to provide coverage for HPV for clients 11-20 years old. • The vaccine is licensed for girls 9-26 years old, but recommended for 11-12 year olds. • Children falling outside the age reimbursement allowance may have to have prior approval from Medicaid. • HPV vaccine does not cover all forms of cervical cancer and a pap test is still 	

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<p>recommended for all women regardless of vaccination status. Providers need to be educated around this issue.</p> <ul style="list-style-type: none"> • We don't know exactly what the cost will be. CDC will need to negotiate the contract. • Concern that uptake projections are too low. A lot of providers will give HPV when someone comes in for strep throat. • It's always been a challenge to get adolescents in for a medical visit. • This is our second cancer prevention vaccine, hepatitis B being the first. It might be useful to make the comparison with hepatitis B vaccine to providers. • We need to have a way to track these vaccines to reduce duplication. An excellent reason to use the registry. • The HPV vaccine prevents cancer, but not other STDs. • The VAC enthusiastically endorses the HPV vaccine. <p>There was a question about Medicaid reimbursement starting at age 9. A proposal was made to move the age for receiving HPV vaccine down to 9 years old at the provider's discretion. The proposal was tabled for further discussion at a future meeting.</p> <p>Maxine Hayes suggested that a year from now we take a look at the uptake of HPV vaccine.</p> <p>Maxine Hayes requested a recommendation from the VAC.</p> <p>Handouts:</p> <ul style="list-style-type: none"> • ACIP Provisional Recommendation • Human Papillomavirus Vaccine Discussion Matrix, 10/12/06 • Breast and Cervical Health Program Fact Sheet, 11/29/05 • Breast and Cervical Health Information Sheet, 9/1/06 • Breast and Cervical Cancer Treatment Program Fact Sheet, 11/29/05 	<p><i>Hold VAC discussion on uptake of HPV vaccine a year from now.</i></p> <p><i>It was moved by Dr. Kaneshiro, seconded by Dr. Jecha, and carried that the provisional ACIP HPV vaccine recommendation be adopted.</i></p>
<p>Reports, Program Updates, and Public Comment</p> <p>Maxine Hayes</p> <p>Because of time constraints, these agenda items were not discussed. VAC members were asked to review the handouts provided to them.</p>	
<p>The next VAC meeting will be held at the SeaTac Hilton Hotel on 1/18/07.</p>	